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Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Sheets Total	Comple				plete if Know	ete if Known		
First Named Inventor Hirrorii Holshino Carolina small entity status See 37 CFR 1.27 Art Unit 2622). Application Nu	Application Number 10/809,476-C					
First Named Inventor Hirrorii Holshino Carolina small entity status See 37 CFR 1.27 Art Unit 2622	FEE TRANSI	Filing Date						
Application Type		First Named In	ventor F	Hiromi Hoshino				
METHOD OF PAYMENT (check all that apply)	FOR FY 2U	Examiner Nam	e C	G. V. Selby				
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 18-0013 Deposit Account Name Rader, Fishman & Grauer PLLC	Applicant claims small entity state	Art Unit	Art Unit 2622					
Check Credit Card Money Order None Other (please identify): Deposit Account Name Tab-0013 Deposit Account Name Rader, Fishman & Grauer PLLC	TOTAL AMOUNT OF PAYMENT	Attorney Docke	Attorney Docket No. SON-2972					
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Credit any overpayments X Credit	Check Credit Card Money Order None Other (please identify):							
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SUBMITTED BY Signature Registration No. 40,290 Telephone (202) 955-3750		1/2	Registration No.	40.200	Telephone	(202) 05	5_3750	
(Attorney/Agent) 40,290 Telephone (202) 933-3730	Signature			40,290	- 			
Name (Print/Type) Christopher M: Tobin Date October 14, 2009								